

立法會
Legislative Council

Ref : CB2/PL/HS

LC Paper No. CB(2)2212/07-08
(These minutes have been seen
by the Administration)

Panel on Health Services

Minutes of meeting
held on Monday, 19 May 2008, at 8:30 am
in Conference Room A of the Legislative Council Building

Members present : Hon LI Kwok-ying, MH, JP (Chairman)
Dr Hon Joseph LEE Kok-long, JP (Deputy Chairman)
Hon Fred LI Wah-ming, JP
Hon CHAN Yuen-han, SBS, JP
Hon Audrey EU Yuet-mee, SC, JP
Dr Hon KWOK Ka-ki
Dr Hon Fernando CHEUNG Chiu-hung

Members absent : Hon Mrs Selina CHOW LIANG Shuk-ye, GBS, JP
Hon Mrs Sophie LEUNG LAU Yau-fun, GBS, JP
Dr Hon YEUNG Sum, JP
Hon Andrew CHENG Kar-foo
Hon Vincent FANG Kang, JP
Hon LEUNG Kwok-hung

Public Officers attending : Items III, IV, V & VI

Mr Patrick NIP, JP
Deputy Secretary for Food and Health (Health)

Items III, IV & V

Miss Gloria LO
Principal Assistant Secretary for Food and Health (Health)

Dr W L CHEUNG
Director (Cluster Services)
Hospital Authority

Items III & IV

Dr LUK Che-chung
Cluster Chief Executive (Kowloon East Cluster)
Hospital Authority

Dr David LAM Tat-yin
Hospital Chief Executive, Tseung Kwan O Hospital
Hospital Authority

Mr Donald LI
Senior Architect (Facility Planning)
Hospital Authority

Mrs Grace LEUNG
Cluster General Manager (Administrative Services),
Kowloon East Cluster
Hospital Authority

Item V only

Ms Margaret TAY
Chief Manager (Integrated Care Programs),
Hospital Authority

Mrs Cecilia YUEN
Assistant Director (Rehabilitation and Med Social Services)
Social Welfare Department

Item VI only

Miss Pamela LAM
Principal Assistant Secretary for Food and Health (Health) 1

Dr Gloria TAM
Deputy Director of Health
Department of Health

Mr Anthony CHAN
Chief Pharmacist
Department of Health

Clerk in attendance : Miss Mary SO
Chief Council Secretary (2)5

Staff in attendance : Ms Amy YU
Senior Council Secretary (2)3

Ms Sandy HAU
Legislative Assistant (2)5

Action

I. Confirmation of minutes
(LC Paper No. CB(2)1936/07-08)

The minutes of the meeting held on 14 April 2008 were confirmed.

II. Information paper issued since the last meeting
(LC Paper No. CB(2)1939/07-08(01))

2. Members noted a progress report on registration of Chinese medicine practitioners provided by the Administration, and did not raise any queries.

III. Discussion items for the next meeting
(LC Paper Nos. CB(2)1937/07-08(01) and (02) and CB(2)1967/07-08(01))

3. Members agreed to discuss the following issues at the next regular meeting to be held on 16 June 2008 at 8:30 am -

- (a) Vaccination policy; and
- (b) Review on the mechanism of appointment of senior doctors in Hospital Authority (HA).

4. Members further agreed to -

- (a) hold a special meeting in late June 2008 to discuss the issue of iron removal therapy for Thalassaemia patients provided by public hospitals and invite deputations to give views on the subject; and
- (b) circulate the Administration's papers on "Strategy for prevention and control of non-communicable diseases" and "Progress of licensing under the Human Reproductive Technology Ordinance" for members' consideration.

Admin

Action

IV. Expansion of Tseung Kwan O Hospital
(LC Paper No. CB(2)1937/07-08(03))

5. Deputy Secretary for Food and Health (Health) (DSFH(H)) briefed members on the proposed expansion of Tseung Kwan O Hospital (TKOH), details of which were set out in the Administration's paper (LC Paper No. CB(2)1937/07-08(03)).

Utilisation of TKOH

6. Whilst expressing support for the proposed expansion of TKOH, Dr KWOK Ka-ki was concerned that some services included in the original design of the hospital, such as geriatric day services and psychiatric day services, had never been introduced in TKOH, resulting in some of its wards being left idle.

7. Director (Cluster Services), HA responded as follows -

- (a) the space originally set aside for a Day Psychiatric Centre in TKOH had been converted to accommodate a Chinese medicine clinic. With the expansion of TKOH, a Day Psychiatric Centre would be provided in the new ambulatory block to be constructed on part of the existing car parking area of TKOH;
- (b) the space originally set aside for a Day Geriatric Centre in TKOH was presently vacant. HA would closely monitor the need for geriatric day service in TKO district to see if there was a need to launch such service in TKOH. At present, elders living in TKO district could get geriatric day service from the United Christian Hospital (UCH) in the Kowloon East (KE) Cluster. Transportation would be provided to these elders from their homes to UCH upon request. In addition, outreach service was provided by HA's Community Geriatric Assessment Teams to elders living in residential care settings; and
- (c) due to the declining number of newborns in Hong Kong when TKOH commenced operation in December 1999, some 79 beds originally intended for the obstetric ward and special care baby unit had been used to provide a range of clinical support services in order to utilise resources efficiently. Currently, the obstetric services provided by UCH were able to cater for the demand for such services in the whole KE Cluster. Nevertheless, HA would closely monitor the utilisation of obstetric services in the KE Cluster to assess if there was a need to launch such services in TKOH.

Action

8. Dr Joseph LEE asked whether there were plans to make use of the vacant wards in TKOH to provide patient services before completion of the proposed project in 2013.

9. Director (Cluster Services), HA responded that HA would increase funding allocation to TKOH to open in-patient beds in the vacant wards to meet service needs where warranted. Director (Cluster Services), HA however pointed out that there were limitations in using these wards as they were originally designed for a specific purpose.

10. Hospital Chief Executive, TKOH, HA supplemented that there was only a small number of vacant wards in TKOH. Most of the vacant wards originally intended for obstetric and paediatrics services had been used to provide a range of clinical support services, except for the special class ward and the special care baby unit which had been temporarily used as administrative office and storage respectively. Hospital Chief Executive, TKOH, HA further pointed out that as an acute hospital, it was important for TKOH to build up its surge capacity in dealing with emergency crisis such as infectious disease outbreaks. To this end, one of TKOH's wards had been converted to serve as an infection control ward with negative pressure in the event of a major outbreak of influenza and idiopathic infectious diseases. Hospital Chief Executive, TKOH, HA added that were it not for the availability of some vacant wards in TKOH for decanting of existing facilities, some patient services would inevitably be disrupted during the construction of the new ambulatory block.

Admin

11. At the request of Dr KWOK Ka-ki, Cluster Chief Executive (KE Cluster), HA agreed to provide in writing after the meeting information on the amount of funding resources required for introducing geriatric day services in TKOH and converting the vacant obstetric and paediatrics wards in the hospital for other in-patient services.

Manpower needs

12. Dr Joseph LEE, Dr Fernando CHEUNG and Ms Audrey EU enquired whether there would be adequate manpower to provide the enhanced services in TKOH upon completion of the expansion project in 2013.

13. Director (Cluster Services), HA responded that apart from increasing the number of nursing graduates from University Grants Committee-funded degree courses, there would also be an enhanced supply of nursing graduates from higher diploma nursing programmes offered by HA. In addition to the nursing courses being provided at the Queen Elizabeth Hospital Nursing School, the nursing schools at the Tuen Mun Hospital and Caritas Medical Centre would be re-opened later this year to train an additional 200 registered nurses per year. The supply of enrolled nurses from training programmes offered by HA would also be enhanced

Action

over the coming years. Director (Cluster Services), HA further said that according to HA's projection, there was no anticipated shortfall in general in the supply of allied health professionals over the next few years. Overall, it was anticipated that there would be adequate manpower to provide the enhanced services in TKOH upon completion of the expansion project in 2013.

Development plans for hospitals in KE Cluster

14. Dr Joseph LEE noted that the population in the KE Cluster was projected to increase from 935 500 in 2007 to around 1 060 800 in 2015, representing a 13.4% rise. In the light of this, Dr LEE asked whether HA had plans to expand the Haven of Hope Hospital (HHH) and UCH in KE Cluster.

15. Director (Cluster Services), HA and DSFH(H) responded that plan to expand HHH to enhance its rehabilitation and convalescent services had already gone through the Government's internal vetting procedure and the Panel would be consulted on the proposal in due course. As regards UCH, discussion was being held within HA on using the site presently occupied by staff quarters to construct two buildings, one for ambulatory and one for pathology and ancillary services.

Service demand of KE Cluster

16. Dr KWOK Ka-ki pointed out that the KE Cluster was seriously undersupplied in medical services and more funding allocation should be provided to the Cluster to cope with local service demand.

17. DSFH(H) responded that to meet with the healthcare needs of the region, HA had in 2007-2008 and 2008-2009 provided KE Cluster with additional allocations to implement new service programmes and initiatives. In respect of TKOH, a new Ambulatory Surgery Centre with a total of 16 beds was commissioned in November 2007. In addition, several initiatives would be implemented in 2008-2009 to enhance the services in TKOH, including the expansion of its Ambulatory Surgery Centre to provide 900 day surgeries per annum, enhancement of its antenatal out-patient services to provide an additional 1 200 attendances per annum, and the provision of 24-hour psychiatric consultation liaison service at the hospital's Accident and Emergency Department on a trial basis. DSFH(H) further said that under the proposed expansion project, the construction of a new ambulatory block would not only enhance ambulatory care services in TKOH but would also free up space in the hospital main block for expansion of in-patient services.

18. Dr Fernando CHEUNG expressed support for the proposed project. He was however concerned that the proposed project did not include facilities to handle trauma cases.

Action

19. Director (Cluster Services), HA responded that HA had no plan to designate TKOH as a trauma centre, as patients requiring trauma care in KE Cluster would presently be taken to the Queen Elizabeth Hospital direct in the Kowloon Central Cluster for treatment. Director (Cluster Services), HA pointed out that as trauma involved highly-specialised and multi-disciplinary team and as the number of incidents requiring such care was not frequent, it would not be in the best interests of patients nor an efficient use of resources for each cluster to provide trauma care. Currently, there were five trauma centres in the territory, one on the Hong Kong Island, two in Kowloon and two in the New Territories.

20. Dr Fernando CHEUNG urged the Food and Health Bureau to discuss with the Labour and Welfare Bureau (LWB) on ways to improve community and ambulatory care for elders.

21. Director (Cluster Services), HA responded that KE Cluster had been expanding and would continue to expand its ambulatory and community outreach services, which was one of the major directions of development of HA in the coming years. DSFH(H) supplemented that HA had been working closely with LWB and the relevant non-governmental organisations to enhance community rehabilitation services. For example, a pilot scheme had been launched recently in Kwun Tong to provide integrated support discharge services to elderly discharges from the hospital. In the light of the experience of the current pilot scheme, consideration would be given to extending the scheme to other districts.

22. Ms Audrey EU urged the Administration to expedite the project for completion before 2013. She further sought information on projection of service demand in the KE Cluster and whether the proposed expansion of TKOH was adequate to cope with such service demand.

23. Senior Architect (Facility Planning), HA responded that the proposed project comprised two stages. Stage one covering the construction of a new ambulatory block to accommodate ambulatory and supporting services to be decanted from the existing hospital main block would commence in April 2009 for completion in January 2012. Stage two involving the conversion and renovation of the vacated spaces in the existing hospital main block would commence, after the ambulatory and supporting services had been decanted to the ambulatory block, in early 2012 for completion in March 2013. Cluster Chief Executive (KE Cluster), HA supplemented that given the need to maintain the existing level of service provided by TKOH during the project period, there was little room for further speeding up the construction timetable.

24. Cluster Chief Executive (KE Cluster), HA also said that with the completion of the TKOH expansion project, the demand of residents in the KE Cluster for ambulatory and acute services would largely be met. It was

Action

anticipated that there would still be some shortfall on the supply of rehabilitation and convalescence services in the KE Cluster and some residents would have to access such services from other clusters. It was expected that the supply of such services would be improved following the implementation of the expansion project of HHH.

Admin

25. At the request of Ms Audrey EU, the Administration agreed to provide, in its funding submission to the Finance Committee, more detailed information concerning completion time of the project and to confirm that the proposed expansion project would be able to cope with the projected increase in service demand of the KE Cluster and that there would be sufficient manpower to support the enhanced services upon completion of the project.

26. In summing up, the Chairman said that members were in general supportive of the proposed expansion project.

V. Further discussion on mental health policy
(LC Paper Nos. CB(2)1937/07-08(04) to (06))

27. DSFH(H) said that in response to the request of members, the Administration had provided a written response to the views expressed by deputations and the motion passed by the Panel on the subject of mental health policy at the meeting on 22 November 2007 (LC Paper No. CB(2)1937/07-08(04)). DSFH(H) then updated members on the Administration's mental health services and the relevant new initiatives to be introduced in 2008-2009 in support of its mental health policy, details of which were set out in a separate discussion paper provided by the Administration (LC Paper No. CB(2)1937/07-08(05)).

Working Group on Mental Health Services

28. Dr KWOK Ka-ki expressed dissatisfaction that the Secretary for Food and Health (SFH), who chaired the Working Group on Mental Health Services, did not attend this meeting as well as the meeting on 22 November 2007 to discuss mental health policy with members. Dr KWOK noted that the Working Group had only held two formal meetings since it was set up in August 2006, and asked about its timetable for coming up with a comprehensive mental health policy.

29. DSFH(H) said that SFH was out of town on official duty at the moment. DSFH(H) stressed that the Food and Health Bureau was committed to the promotion and enhancement of mental health and the purpose of setting up the Working Group was to review the existing mental health services and map out their long-term development. DSFH(H) further said that the Working Group was actively discussing with the relevant professionals on the appropriate framework for developing mental health services, and planned to complete its work in one to

Action

two years' time.

Resources for mental health services

30. Dr KWOK Ka-ki asked why the Administration had only provided an additional allocation of about \$30 million, or an increase of less than 1%, for psychiatric services in 2008-2009 as compared with the previous year.

31. DSFH(H) responded that additional resources had been allocated in 2008-2009 to support a number of new initiatives and to further improve mental health services. He further pointed out that HA's annual spending on psychiatric services accounted for around 8% of its total annual spending on medical services, which was at a level comparable with that of other countries.

Manpower needs

32. In response to Dr KWOK Ka-ki's enquiry on the average consultation time for each patient in HA's psychiatric specialist out-patient clinics (SOPCs), DSFH(H) said that the average consultation time for first-time consultations in HA's psychiatric SOPCs was about 45 minutes each, while that for follow-up consultations would depend on the clinical conditions of individual patients. DSFH(H) further said that the Administration and HA recognised that the consultation time spent on each patient in SOPCs had room for improvement in general and they were actively exploring possible measures to be taken. Director (Cluster Services), HA supplemented that HA had planned to set up nurse clinics and allied health professional clinics with a view to relieving the workload of doctors in SOPCs in undertaking certain follow-up work, so that they could spend more time on patient consultation.

33. Director (Cluster Services), HA further said that HA had adopted a number of measures to increase the manpower of psychiatric healthcare professionals with a view to tackling the problems of short consultation time and heavy workload at psychiatric SOPCs. Apart from an additional supply of 18 psychiatric nurses this year, the number of new Residents to be admitted for specialist training in psychiatry this year would increase to 21. Additional clinical psychologists and occupational therapists would also be recruited. The Administration was also exploring the feasibility of enhancing the role of primary care in providing medical treatment for patients with minor mental health problems such as depression and anxiety disorders, which in some cases could be handled by family doctors with additional training. This would be examined and planned under the overall framework of healthcare reform, particularly in respect of the reform for strengthening primary care.

34. Dr KWOK Ka-ki enquired whether, and if so what, assistance had been provided by the Administration to family doctors to upgrade their skills in the care

Action

of patients with mental health problems.

35. Director (Cluster Services), HA responded that HA had been cooperating with the local universities to arrange for family doctors in HA and the private sector to receive training in psychiatry. More than 100 doctors had participated in these training schemes so far.

36. Ms Audrey EU considered that the crux of the problem was that the supply of psychiatric healthcare professionals was far from adequate in coping with service demand. Ms EU further pointed out that with the shift in focus of treatment for mental illnesses from in-patient care to community and ambulatory services, more healthcare professionals would be required for providing such services, putting further strain on the already tight manpower situation. The Administration's paper, however, was silent on ways to tackle the problem of shortage of psychiatric healthcare professionals.

37. Director (Cluster Services), HA responded that HA was well aware of the acute shortage of psychiatric healthcare professionals. Apart from coming up with measures to increase the supply of psychiatric doctors and nurses, HA was also exploring the feasibility of enhancing the role of other allied health professionals, such as clinical psychologists and occupational therapists, and social workers in providing community psychiatric services where appropriate, thereby increasing the overall supply of psychiatric services. DSFH(H) supplemented that the serious shortage of psychiatric healthcare professionals was also attributed to the fact that the great majority of people with mental health problems tended to seek treatment from the public sector. Apart from providing specialist treatment to needy patients, it was also important to promote primary care to facilitate and encourage early intervention and to enhance the coordination between medical and rehabilitation services. There was also scope for enhancing the collaboration between the public and the private sectors. The Administration would explore improvements on these aspects.

38. Miss CHAN Yuen-han asked whether consideration would be given to recruiting psychiatric doctors from overseas with a view to easing the acute shortage of psychiatric doctors.

39. Director (Cluster Services), HA responded that HA regularly launched recruitment drives overseas to attract overseas doctors to join HA. However, HA was only able to recruit a very small number of doctors (less than 10 each year) through this channel.

Use of new psychiatric drugs

40. Dr KWOK Ka-ki said that HA should increase the use of new psychiatric drugs with fewer side effects and enquired about the rate of increase in HA's use

Action

of new psychiatric drugs in recent years. Miss CHAN Yuen-han raised similar question.

41. Director (Cluster Services), HA responded that over the past few years HA had progressively increased the use of new psychiatric drugs to improve treatment, with the number of patients being prescribed with new psychiatric drugs increasing from about 20 000 in 2001-2002 to about 70 000 in 2006-2007. HA would continue to promote the use of new psychiatric drugs to ensure better clinical outcome.

42. Miss CHAN Yuen-han enquired about the percentage of HA patients prescribed with new psychiatric drugs.

43. Director (Cluster Services), HA responded that currently about 40% of HA's psychiatric patients were prescribed with new psychiatric drugs. He further pointed out that with the inclusion of a new psychiatric drug, which was previously under the Special Drugs category, into the General Drugs category this year, it was expected that the percentage of HA psychiatric patients using new drugs would increase to some 50%.

44. In response to Miss CHAN Yuen-han's question on when all HA's psychiatric patients would be provided with Special Drugs, Director (Cluster Services), HA stressed that not all psychiatric patients needed Special Drugs. Director (Cluster Services), HA further explained the difference between General and Special Drugs in HA's Drug Formulary. The former were drugs with established clinical efficacy which were available for general use as indicated by the patients' clinical conditions, while the latter referred to drugs which were to be used under specific clinical indications. He stressed that doctors prescribed drugs to patients according to their clinical conditions and patients would be given the drugs they required irrespective of whether they were General or Special Drugs.

Community psychiatric services

45. Dr KWOK Ka-ki noted from the Administration's paper that the pilot project on community psychiatric support teams in the Kowloon West Cluster and New Territories East Cluster in 2008-2009 would only involve an additional manpower of two doctors and 12 nurses and an annual expenditure of about \$11 million. He considered such manpower and budget inadequate to enhance the post discharge community support service to frequently readmitted psychiatric patients.

46. Director (Cluster Services), HA explained that it was only a pilot project involving two clusters. Should the outcome of the project be successful, consideration would be given to allocating additional resources to extend the project to all seven clusters, which would require an estimated annual expenditure

Action

of about \$40 million.

47. Miss CHAN Yuen-han said that in planning the construction of community rehabilitation facilities for the ex-mentally ill patients, it was important that the Administration start the planning process early to secure the allocation of the land for the purpose.

48. Assistant Director (Rehabilitation and Med Social Services), Social Welfare Department agreed that it was important to start the planning of community rehabilitation facilities for the ex-mentally ill patients early. A case in point was the setting up of an integrated community mental health support services centre and a long stay care home in Tin Shui Wai Area 109 for ex-chronic mental patients. Although these facilities would not be commissioned until 2012, the Administration had already consulted the Legislative Council's Panel on Welfare Services on the proposal in April 2008 and planning was actively underway.

49. Dr Fernando CHEUNG noted from paragraph 11 of the Administration's paper that to enhance psychiatric support to elders at the community level, HA planned to increase the number of psychogeriatric outreach attendances in 2008-2009 by providing about 10 000 outreach attendances at private residential care homes for the elderly (RCHEs). Dr CHEUNG pointed out that some mentally ill patients who were not elderly were residing in private RCHEs, and asked whether the psychogeriatric outreach services to be provided at private RCHEs would also cover such patients. He further asked whether the Administration had any plan to provide psychiatric outreach services at private residential care homes for persons with disabilities (PWD).

50. On Dr CHEUNG's first question, Chief Manager (Integrated Care Programs), HA (CM(ICP), HA) responded that during their visits to private RCHEs, the visiting doctors, apart from providing medical treatment to elderly residents with mental health problems, would also help to train up staff in RCHEs on the skills for identifying symptoms of mental illnesses and taking care of mentally ill patients. Other mentally ill patients residing in the private RCHEs would also benefit from the enhanced skills acquired by the RCHE staff.

51. As regards Dr CHEUNG's second question, CM(ICP), HA responded that the Administration presently did not have plan to provide psychiatric outreach services at residential care homes for PWD, but consideration could be given to such.

52. Referring to the submission from the Association of Parents of the Severely Mentally Handicapped dated 12 April 2008 (LC Paper No. CB(2)1937/07-08(06)), Dr Fernando CHEUNG said that the Administration should ensure that severely mentally handicapped children with physical disabilities who were transferred from the hospital setting to boarding schools for children with special educational

Action

needs were provided with adequate support services, including the provision of the necessary medical facilities and equipments in such schools. He also expressed concurrence with the Association's view on the need to increase the transparency of the queueing system for residential rehabilitation places for the severely mentally handicapped in Siu Lam Hospital and Tuen Mun Hospital.

53. CM(ICP), HA responded that Siu Lam Hospital and Tuen Mun Hospital provided respectively 350 and 150 residential rehabilitation places for the severely mentally handicapped. CM(ICP), HA further said that there were established procedures for the queueing arrangements for such services. All applications had to be referred by social workers. Upon receipt of referrals, a medical assessment would be conducted on the applicants before they were formally accepted for placement. CM(ICP), HA informed members that there were currently 34 applicants on the waiting list. Outreach services would be provided to applicants while they were awaiting placement. CM(ICP), HA further informed members that to relieve the crowded situation in Siu Lam Hospital, HA was considering reprovisioning some of its beds to the Castle Peak Hospital.

54. Director, Cluster Services, HA supplemented that consideration could be given to uploading relevant information on the arrangements on the web to increase transparency of such arrangements. Dr Fernando CHEUNG considered that such information should include the total number of applicants on the waiting list and the estimated waiting time for such service.

55. On Dr CHEUNG's concern about inadequate support services being provided to mentally handicapped children with physical disabilities who were transferred from the hospital setting to boarding schools for children with special educational needs, CM(ICP), HA undertook to relay Dr CHEUNG's concern to the Education Bureau.

Admin

VI. Undeclared blood sugar lowering drug in products for male sexual dysfunction

(LC Paper No. CB(2)1937/07-08(07))

56. Deputy Director of Health (DDH) introduced the Administration's paper on the recent incidents where products for male sexual dysfunction (virility products) containing undeclared blood sugar lowering drug had caused unwellness in some public members, as well as the follow-up actions and preventive measures taken by the Department of Health (DH).

57. Mr Fred LI noted that between 1 February and 30 April 2008, DH had received a total of 51 reports on cases of suspected health damage due to the consumption of virility products. He expressed concern about the large number of incidents occurring within such a short time span and enquired about the cause

Action

of the outbreak and whether similar incidents had occurred in the past.

58. DDH responded that the virility products concerned were found to contain the western drug ingredients glibenclamide (for lowering blood sugar level) and sildenafil (for treating male sexual dysfunction). It was the first time that virility products were detected to contain glibenclamide in the world. The sample with the highest dose of glibenclamide was found to contain a level that was 15 times higher than the normal dose. For an adult man, taking such a high dose of glibenclamide might result in too low a blood sugar level with serious health risks and even death. Literature search undertaken by DH found that glibenclamide could strengthen the function of sildenafil in treating male sexual dysfunction, which explained the presence of glibenclamide in the virility products involved in the recent incidents.

59. Mr Fred LI said that as some patients claimed that the virility products concerned were from the Mainland, the Administration should work closely with the Mainland authorities to stem the manufacture, sale and supply of such products to bring them under control. He further enquired about the results of the investigation launched by the Mainland authorities into the products concerned.

60. DDH responded that DH had been working closely with the State and Guangdong Food and Drug Administration to exchange information on the incidents and views on such issues as drug registration, safety information notification and law enforcement actions. The Mainland authorities had confirmed that all the known products involved (including the products causing incidents in Singapore and Japan) had not been registered as drugs in the Mainland and the manufacturers' information had proved to be fake. The Mainland authorities were launching a large-scale investigation into the products concerned and the Administration would maintain close communication and cooperation with the Mainland authorities in a bid to find out the source of the products so as to bring them under control. DDH further said that apart from tightening up control at source, it was also important to step up publicity and education to prevent the public from inadvertently consuming the products. DDH further pointed out that as some patients concerned claimed that the virility drugs were bought from the Mainland, leaflets were handed out at various control points to remind travellers about the dangers of using unregistered virility products. DDH further said that according to information on victim profile, promotions would be targeted at older men aged above 70, particularly those who worked in the construction and renovation sectors and in the transport industry.

61. Dr KWOK Ka-ki said that distributing leaflets was not an effective means of disseminating the message to the elderly, as many of them would not read the leaflets. He considered it more effective for the Administration to broadcast such message through radio and television and at the border and urged the Administration to speed up the production of the relevant Announcement of Public

Action

Interest (API) and started broadcasting it in a week's time. Dr KWOK further said that apart from virility products, there was also long-standing concern on the need to regulate slimming products, health food products and proprietary Chinese medicines. He urged the Administration to expeditiously introduce a regulatory regime on these products and strengthen cooperation with the Mainland in this regard. Miss CHAN Yuen-han echoed similar views.

62. DDH responded that the surprise inspections conducted by DH of drug stores and hawker stalls over the past few months were targeted not only at virility products but slimming products as well. As regards publicity and education, DDH said that a multi-pronged approach was adopted to step up publicity and education on virility products. Apart from distributing leaflets, DH had also planned to broadcast the message and put up posters at various control points to remind tourists to be particularly alert to virility products. DH would liaise with the Information Services Department to expedite the production of the API. DDH further said that in line with latest international trend, DH would adopt a social-marketing, rather than the traditional didactic approach on the promotion of public health messages, with a view to enhancing the effectiveness of the promotion programmes. Overseas experts had been invited to Hong Kong this week to exchange views with DH in this regard.

63. Noting from paragraph 9 of the Administration's paper that the maximum penalty for offences under the Pharmacy and Poisons Ordinance (Cap. 138) (PPO) was a fine of \$100,000 and imprisonment for two years, Miss CHAN Yuen-han urged the Administration to increase the penalty level under PPO to enhance deterrent effect, having regard to the fact that human lives were at stake.

64. DDH responded that consideration would be given to the penalty issue. DDH further said that recognising the severity of the possible offences involved in the recent incidents concerning virility products, DH had joined hands with the Hong Kong Police Force in taking enforcement actions. An investigation was under way to find if the traders selling the virility products to the patients who had died after consuming the products had committed the criminal offence of manslaughter.

VII. Any other business

65. There being no other business, the meeting ended at 10:45 am.